Narrative skills in medical training
Experiences of General Practitioners

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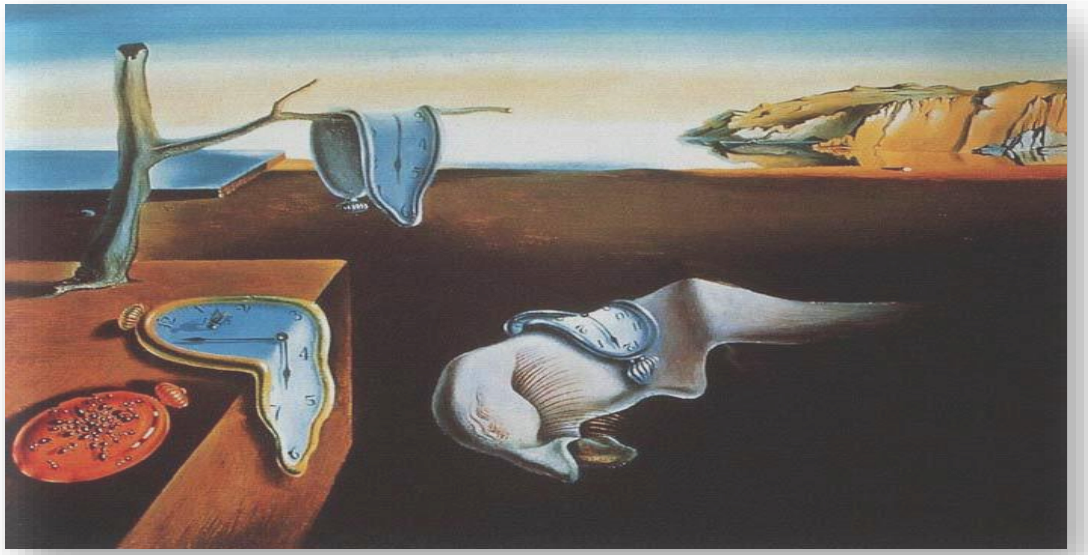
Introduction

Chronic diseases are increasing also due to the ageing of the population.

In the future, chronic diseases like cancer, cardiovascular, respiratory, according to the World Health Organisation (WHO-Report 2018) will require about 70-80% of the global health resources.

Everyday a General Practitioner (GP) finds himself treating chronic patients with many problems as pain and suffering.

GPs need to be trained and supported themselves in this difficult task.



Various projects have been developed during the past years in order to give to GPs the appropriate competences for the task.

Some projects were organized as courses in Psychosomatic Medicine (T. Sivik (1992); K. Fritzsche, Engemann B.& M. Wirsching 2008; K.Fritzsche et al. 2014- Balint Group).

Narrative Medicine is a further approach to the treatment of pain and suffering.

What is Narrative Medicine?

The Higher Institute of Health with the National Center for Rare Disease (CNMR) has defined with the term Narrative Medicine a methodology of clinical-welfare intervention based on specific narrative competences.
(Consensus Conference, 2014)

Rita Charon, Professor of Medicine, Founder of the Program in Narrative Medicine at Columbia University, says that what medicine lacks today as in singularity, humility, empathy, can, in part, be provided through intensive narrative training.

Narrative Based Medicine and Evidence Based Medicine

Narrative Based Medicine (NBM) is not in contrast but integrates with **Evidence-Based Medicine (EBM)**

Medicine Narrative provides practical tools to understand the patient, his illness and the relationship between the doctor and patient, his family and social context.

Narrative Medicine Course
San Miniato (Pisa)

The first Narrative Medicine Course was organized in 2018 by Azienda USL Toscana Centro in San Miniato (Pisa). This course was part of the continuous Training for GPs.

Total meetings: one meeting per month of 4 hours from September to December 2018

Goals: group reflections on chronic diseases to acquire narrative competences, improving the quality of medical profession and preventing burnout.

Conductors: Dr. Maria Pia Urbani and Dr. Grazia Chiarini

Tutor: Dr. Giovanni Susini

Partecipants:

17 GPs (8 males, 9 females)

Average age: 54 years old

Average medical practice: 28 years

Average number of patients: 1200

Methodology

Lectures on medicine narrative and its tools.

- Classroom group work:

- Free writings
- Narrative plots on specific themes.

- Homework:

- A project work on a diabetic patient using two narrative plots one for the patient and one for the doctor
- A questionnaire « The chronic patient in GPs' daily practice» made up of 10 open questions based on doctors' perception of chronic problems.

- Analysis of the questionnaires and narratives:

- Narrative analysis was carried out in accordance with Kleinman's classifications.

Results

At the end of the course the following was collected:

- 53 Narratives:

- 17 autobiographical narratives;
- 22 free narratives on chronic patients;
- 14 narrative plots on diabetic patients;
- 12 narrative plots of diabetic patients.

- 17 completed questionnaires.

In the analysis of the questionnaires 6 most significant macroaerials were highlighted:

A) Characteristics and needs of chronic patients;
B) Pain and Suffering;
C) The family and the social network;
D) The burden of the caring;
E) Necessary medical skills;
F) Proposals.

Characteristics of chronic patients:

30% of 1500 patients suffer from chronic physical pain and suffering
83% are aged between 60 and 80
Medical examination at doctor’s office ranges from 6 to 20/per day.
50% of home medical examinations do not require medical treatment.*
In complex cases home medical examinations have a frequency of 2 to 5 times a week.

**Many times it is about women, mostly widows, who call home for minor problems, mostly for advice, assessments and because they feel lonely.*

- *Doctor quote*

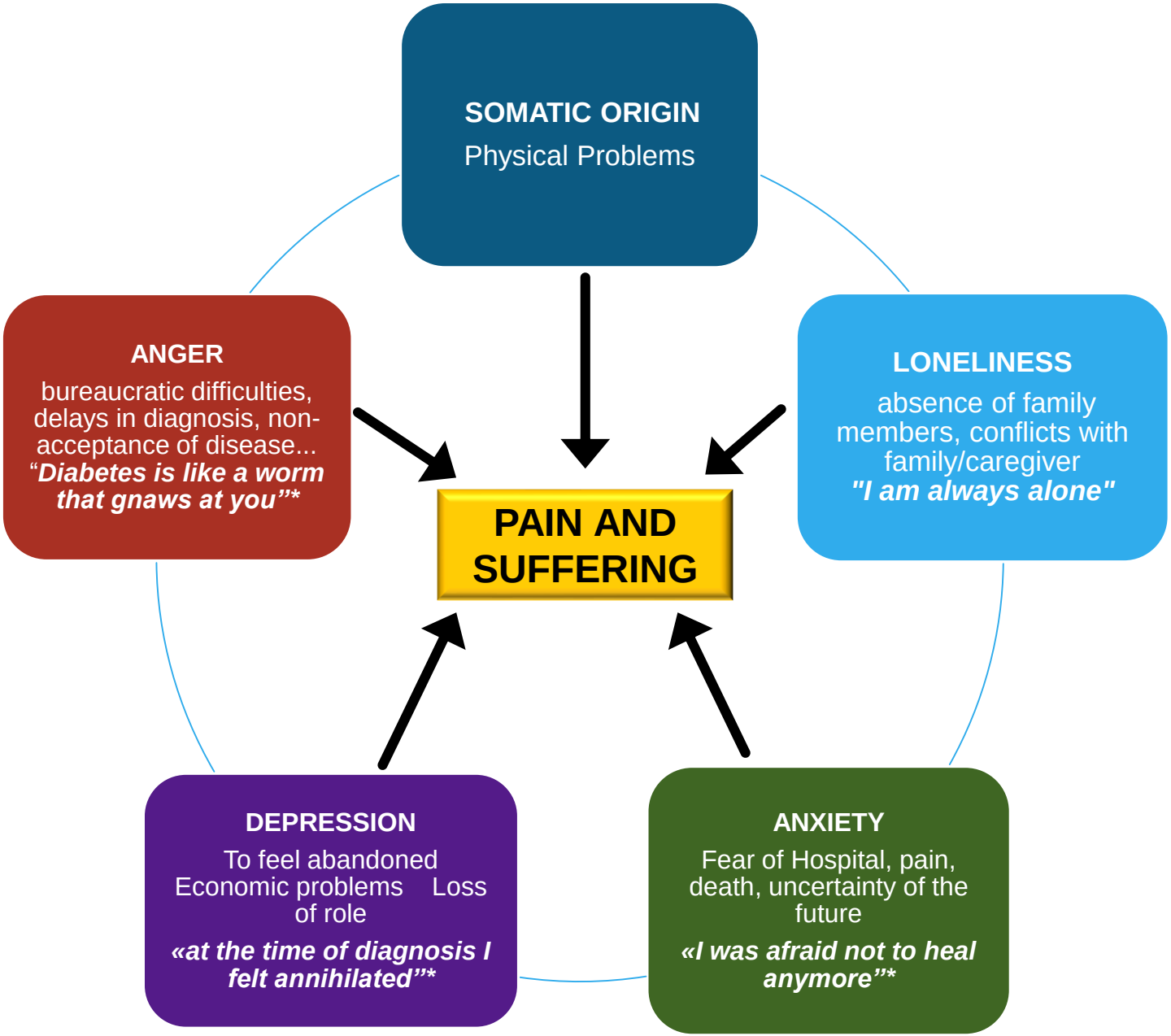
Needs of the chronic patients

DISEASE- CENTERED: CLINICAL AND BUREAUCRATIC ASPECTS (52%)

Repetition of prescriptions of drugs and examinations;
request for economic contributions;
applications for civil invalidity;
frequent requests for home visits and local nursing;
rapid resolution of physical problems and pain.

ILLNESS-CENTERED ON A PERSON'S SUBJECTIVE EXPERIENCE (64%)

Be reassured that with therapy they will have a satisfactory life;
be heard and requests for attention and communication;
requests for support from family members.



*Patients quotes

With the support of the families the patients become more collaborative with the diagnostic and therapeutic pathways.

A good network of social relationships improves the mood.

The patient feels more secure when supported by the family/caregiver.

Also family/caregiver need psychological support.

The burden of caring

CLINICAL ASPECTS

Management of polytherapies, multipathologies and complications.

“It’s complicated to observe and interact with patients and to be sure of what you do. Uncertainty is a powerful engine if you keep it to yourself.”

- Doctor quote

TERRITORIAL ISSUES

Lack of resources of treatments on the territory (home, day care centers).

Lack of collaboration between GPs and Specialists.

RELATIONAL ASPECTS

Difficulty in maintaining a relationship with a complicated patient.

Emotional management of the family.

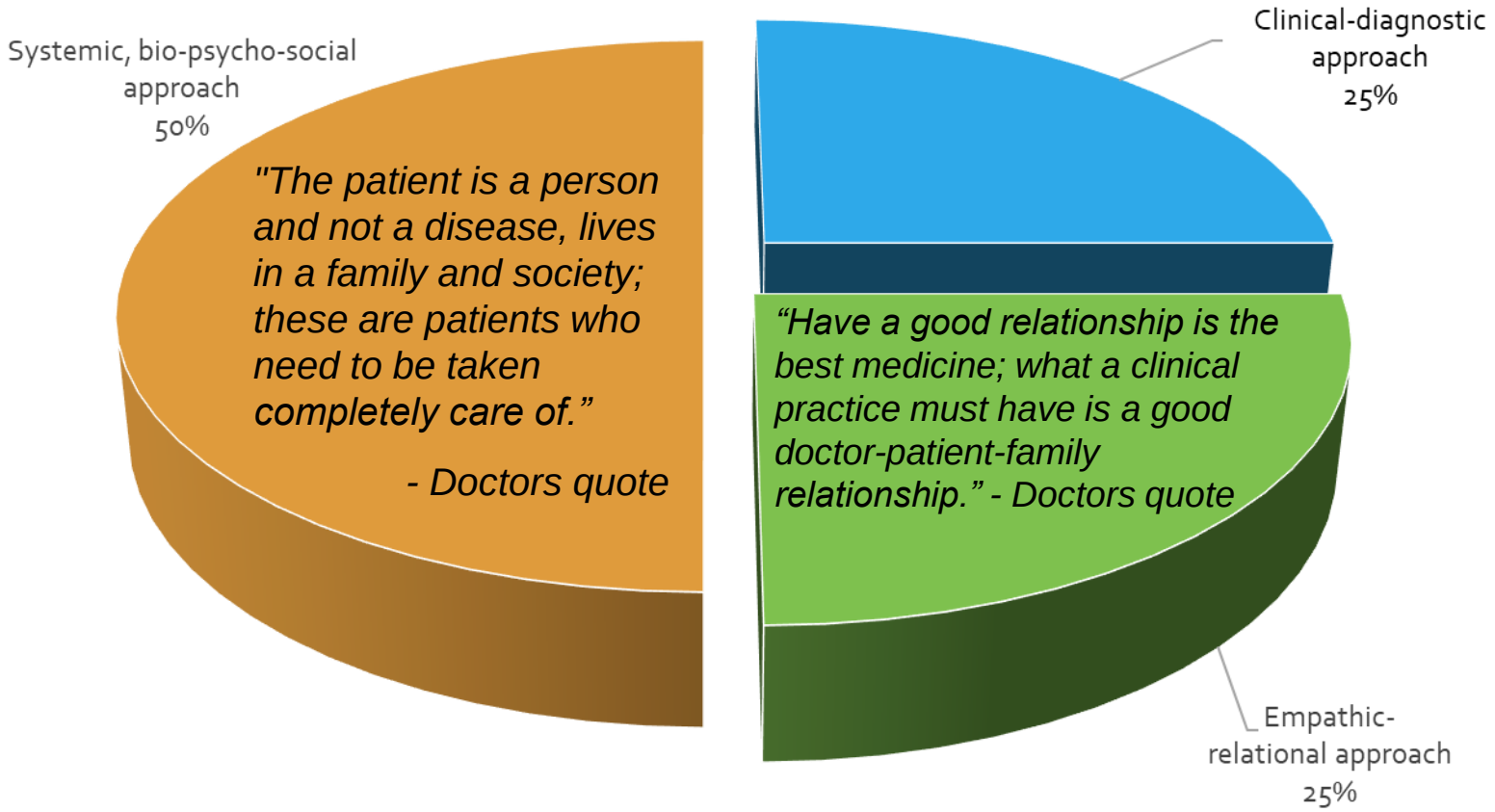
Difficulties in communicating with relatives and caregivers.

A story of mutual suffering

“A terminal patient that I went to visit often, one day looked straight into my eyes to try to understand if it was worthwhile the long and painful path he was following; if I had ever really helped him or not!”

- A Doctor quote

Necessary medical skills

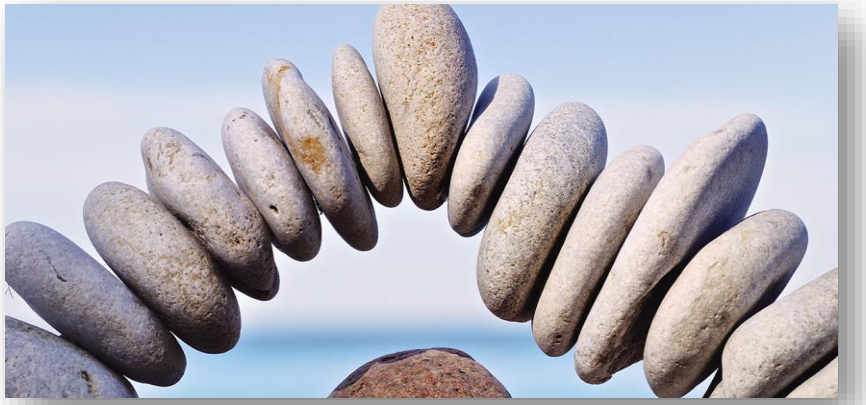


What skills a GP should have?

"Share a therapeutic pathway with the patient. Listen to the patient's description of his problems; consider the patient as a person and not as a clinical case; have diligence; ability to reassure; the enthusiasm of a young doctor."

- Doctors quote

Proposals



- Streamlining the bureaucracy

- Path of continuity of care between hospital and territory

“Specific Hospital areas dedicated for chronic patients;
*More collaboration between various professionals: GPs, Nurses, Specialists.”**

- Territorial management of care

“Medical and nursing assistance specifically for chronic patients to maintain a prominent role in the management of the elderly-chronic patient with the family or the relationship with caregivers.
*To try to make the patient adhere to the therapy and motivate him to accept his health conditions with an active attitude.”**

** Doctors quotes*

Discussion

GPs have many clinical, relational and bureaucratic issues with chronic patient care. The burden of care is very considerable so doctors need to share it with other colleagues and to be aware of their role as primary medicine for the patient.

At the end of the course the participants found that they gained a lot of knowledge and useful tools in treating chronic patients. They were interested in doing a further narrative medicine course, in order to deepen some aspects and to work on the parallel chart alongside the clinical chart.
The next Narrative Medicine course will start in October 2019.

An attentive listening by the Health Care Companies to the patients' stories and GPs proposals could lead to changes which would improve the quality of care.

Conclusion

A special doctor-patient relationship

Suffering from so many pathologies and in precarious conditions, he often told me that he wanted to die before I retired and always asked me in italian:

“Ma Dottore, quando va in pensione?”

“Doctor, when will you retire?”

...fortunately, for him, he passed away before.

THANK YOU FOR YOUR ATTENTION

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